

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of

Massachusetts

SUMMONS IN A CIVIL CASE

CASE NUMBER:

04-10547 WGY

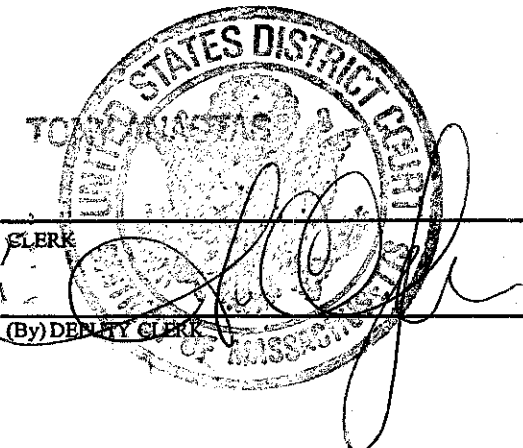
TO: (Name and address of Defendant)

U.S. Attorney's Office
Suite 9200 (9th floor)
United States Courthouse
Boston, MA 02210

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Peter L. Duffy
210 Boston Rd
Sutton, MA 01590

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



CLERK

(By) DEPUTY CLERK

3-18-04

DATE

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 3/19/2004
NAME OF SERVER (PRINT) PETER L. DUFFY	TITLE PRO SE
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____	
<input type="checkbox"/> Returned unexecuted: _____	
<input checked="" type="checkbox"/> Other (specify): <u>Certified Mail with Return Receipt</u>	

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

3/23/2004
Date

Signature of Server

210 Boston Rd
Sutton, MA 01590
Address of Server

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.gov

OFFICIAL USE

Postage	\$ 2.21
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.26

UNIT ID:

Postm.
Here

Clerk: KFV2

03/18/04

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Attorney's Office
Suite 9200
United States Courthouse
Boston, MA 02210

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) Shirley
- C. Date of Delivery 3/23/04
- D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. ☒ Yes
4. Restricted Delivery? (Extra Fee) ☐ Yes

Sent To
Street, Apt. No.;
or PO Box No. U.S. Atty Office Suite 9200 US Courthouse
City, State, ZIP+4 Boston, MA 02210

PS Form 3800, June 2002

See Reverse for Instru

7003 1680 0007 5603 9616

102595-02-M-1540